VILLAGE OF
PINCKNEY
220 S Howell Street, Pinckney Mi 48169
Phone: 734-878-6206 Fax 734-878-9749
email: zoning@villageofpinckney.org

# Land Use Permit Waiver

Date:_____ Zoning District:_____

Job Site Location:_____ Tax Code #: 14-_____

***Owner Information***

Property owner:_____ Phone #:_____

email:_____

Address of Owner:_____

***Contractor Information***

Contractor name: _____

Address: _____

Phone:_____ email:_____

***Type of Project:***

☐ Driveway Sealcoat ☐ Re-roof ☐ siding/re-siding ☐ window replacement ☐ gutters

☐ Other: Explain:_____

I, the undersigned, acknowledge that additional cost may be incurred in the review of my application as a result of professional services for the Village Planner, Engineer, Attorney, or others to review my application.

By signing this application, I hereby acknowledge, and agree to pay, any and all additional costs incurred by the Village and/or its consultants as they pertain to this review of my application.

**Certification:** I hereby certify that all uses for which this application is made will conform with Ordinances of the Village of Pinckney, Livingston County and the State of Michigan.

Applicant Signature: _____ Date: _____

Approved:

Zoning Administrator Signature: _____ Date: _____